SHORT-TERM RENTAL SITE VISIT INSPECTION



Inspection Date:		Inspected by:	
Owner's Name:		APN:	
		Phone:Phone:	
Site Plan:			
[]Yes[]No	es [] No All structures are accurately shown		
[]Yes[]No	o OWTS location is accurate		
[]Yes[]No	Off street parking is shown correctly		
NOTES:			
Floor Plan:			
[]Yes[]No	Drawing is to scale		
[]Yes[]No	Number & placement of bedrooms is accurate		
[]Yes[]No	If STR is not entire property, floor plan indicates accurately which areas are to be used as STR & areas that will be "shared use"		
NOTES:			
[] Yes [] No	Septic information posted in kitchens & bathrooms		
[]Yes[]No	Emergency preparedness	Emergency preparedness information posted in a visible location	
[]Yes[]No	Good Neighbor Brochure	Good Neighbor Brochure available posted in a visible location	
[]Yes[]No	STR signage meets require	STR signage meets requirements	